

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JB</i>	75331	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>J.S.</i>	69134	10-23-00
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>11</i>	12-7-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
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18		68		118	
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24		74		124	
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26		76		126	
27		77		127	
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34		84		134	
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36		86		136	
37		87		137	
38		88		138	
39		89		139	
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42		92		142	
43		93		143	
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45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

Best Available Copy

If more than 150 claims or 10 actions  
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